

## YELLOW FEVER QUESTIONNAIRE

*If you are from another practice you need to see your own travel Nurse before booking a yellow fever vaccination as you may not require it. Admin fees of £20 cannot be refunded if you do not require the vaccination or miss your appointment.*

<b>Full Name</b> (As on Passport)			
<b>Date of Birth</b>	DD / MM / YYYY	<b>Tel Number(s)</b>	
<b>Nationality</b>			
<b>Address</b>			<b>Post Code</b>
<b>GP's Name</b>	Dr		

<b>Country Visiting</b>		<b>Reason of Visit</b>	
<b>Departure Date</b>	DD / MM / YYYY	<b>Pregnant?</b>	Yes / No
<b>Allergic to Eggs?</b>	Yes / No	<b>Allergic to Neomycin or Polymixin?</b>	Yes / No
<b>Current Medication</b>			
<b>General Health Good?</b>	Yes / No	<b>Immune System Suppressed?</b>	Yes / No

<b>Name and Date any other recent vaccinations:</b>

The Yellow Fever vaccination is effective for 10 years.

### Fee: **£65.00 for vaccination and certificate**

(Non-refundable £20.00 deposit required to book appointment)

The injection is to be given 10 days either side of any other injection. Where this is not possible, it should be discussed with a Doctor.

Polio may be given at the same time. If Polio is not given at the same time there must be three clear weeks between the administration of the Yellow Fever vaccine and Polio if required.

**Patient signature** \_\_\_\_\_ **Date:** DD / MM / YYYY

If your surgery has electronic Record Sharing access

Are you happy for the doctor/nurse to view your medical record?

Yes  No

Are you happy for us to share the information from your appointment back to your doctor?

Yes  No

### Staff Use Only:

<b>Appointment Date</b>	DD / MM / YYYY	(This should be at least 10 days before departure)
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To be completed by Nurse:

<b>Nurse Name</b>			
<b>Date Vacc Given</b>	DD / MM / YYYY	<b>Batch Number</b>	
<b>Manufacturer</b>		<b>Certificate Given</b>	Yes / No
<b>Polio Given?</b>	Yes / No	<b>Polio Batch No:</b>	